

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Maggies List

ADDRESS (number and street) ▼

6675 Weeping Willow Way

☐ Check if different than previously reported. (ACC)

Tallahassee

FL

32311

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00469023

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins, Assistant Treasurer

Signature of Treasurer

Nancy H. Watkins, Assistant Treasurer

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Maggies List

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		44932.63
(b) Cash on Hand at Beginning of Reporting Period.....	47348.73	
(c) Total Receipts (from Line 19)	8635.00	69975.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	55983.73	114907.63
7. Total Disbursements (from Line 31)	4460.52	63384.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51523.21	51523.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Maggies List

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
08 01 2016

To:

M M / D D / Y Y Y Y Y
08 31 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date
11. Contributions (other than loans) From:**(a) Individuals/Persons Other**

Than Political Committees

(i) Itemized (use Schedule A).....

5260.00

37455.00

(ii) Unitemized

1125.00

5270.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

6385.00

42725.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2250.00

26250.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

8635.00

68975.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds**(a) Non-Federal Account**

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ►

8635.00

69975.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

8635.00

69975.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1810.52	37834.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1810.52	37834.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2650.00	25550.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4460.52	63384.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4460.52	63384.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8635.00	68975.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8635.00	68975.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1810.52	37834.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1810.52	37834.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. MILDRED K. BARRINGER

Mailing Address 4912 PARKVIEW COURT

City

TALLAHASSEE

State

FL

Zip Code

32311-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 17 / 2016

Transaction ID : SA11A.1527

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED-MARY THOMAS

Full Name (Last, First, Middle Initial)

B. MILDRED K. BARRINGER

Mailing Address 4912 PARKVIEW COURT

City

TALLAHASSEE

State

FL

Zip Code

32311-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 15 / 2016

Transaction ID : SA11A.1558

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JACK BUZBEE

Mailing Address 200 E. DOUGLAS STREET

City

DE SOTO

State

IL

Zip Code

62924-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

08 / 17 / 2016

Transaction ID : SA11A.1552

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED-REBECCA NEGRON

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. PATRICIA D. CAFFERATA

Mailing Address 2636 EDGEROCK ROAD

City
RENOState
NVZip Code
89519-5765FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE OF NEVADAOccupation
COMMUNICATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2016

Transaction ID : SA11A.1541

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED-LIZ CHENEY

Full Name (Last, First, Middle Initial)

B. PATRICIA D. CAFFERATA

Mailing Address 2636 EDGEROCK ROAD

City
RENOState
NVZip Code
89519-5765FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE OF NEVADAOccupation
COMMUNICATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : SA11A.1554

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED-ILENA ROS-LEHTINEN

Full Name (Last, First, Middle Initial)

C. COURTNEY DANNEMILLER

Mailing Address 265 VINEYARD WAY

City
DOYLESTOWNState
OHZip Code
44230-1452FEC ID number of contributing
federal political committee.

C

Name of Employer
WAGNER MACHINE, INC.Occupation
C.F.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2016

Transaction ID : SA11A.1518

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. THEODORE DAVIS

Mailing Address 9974 SCRIPSS RANCH BLVD
207

City State Zip Code
SAN DIEGO CA 92131-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 05 / 2016

Transaction ID : SA11A.1521

Amount of Each Receipt this Period

85.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MARY JEAN JENSEN

Mailing Address 301 7TH AVENUE, WEST

City State Zip Code
LEMMON SD 57638-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2016

Transaction ID : SA11A.1522

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CARL W. LENTZ

Mailing Address 1265 W. GRANADA BLVD.
SUITE 3

City State Zip Code
ORMOND BEACH FL 32174-8256

FEC ID number of contributing
federal political committee.

C

Name of Employer

LENTZ PLASTIC SURGERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

08 / 05 / 2016

Transaction ID : SA11A.1520

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARK-MARY THOMAS

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. CARL W. LENTZ

Mailing Address 1265 W. GRANADA BLVD.
SUITE 3

City State Zip Code
ORMOND BEACH FL 32174-8256

FEC ID number of contributing
federal political committee.

C

Name of Employer
LENTZ PLASTIC SURGERY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SA11A.1550

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED-MARTHA MCSALLY

Full Name (Last, First, Middle Initial)

B. CARL W. LENTZ

Mailing Address 1265 W. GRANADA BLVD.
SUITE 3

City State Zip Code
ORMOND BEACH FL 32174-8256

FEC ID number of contributing
federal political committee.

C

Name of Employer
LENTZ PLASTIC SURGERY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2016

Transaction ID : SA11A.1551

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED-MARTHA MCSALLY

Full Name (Last, First, Middle Initial)

C. SUZANNE LOWDEN

Mailing Address 9004 GREENSBORO LANE

City State Zip Code
LAS VEGAS NV 89134-0500

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARCHON CORP.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : SA11A.1553

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED-ILEANA ROS-LEHTINEN

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. DOROTHY MCPHERSON

Mailing Address 24236 LANIER STREET

City

TALLAHASSEE

State

FL

Zip Code

32310-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

08 / 15 / 2016

Transaction ID : SA11A.1525

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARK-GLO SMITH

Full Name (Last, First, Middle Initial)

B. JOSEPH MEDERER

Mailing Address 1411 COWLEY ROAD

City

COLUMBIA STATION

State

OH

Zip Code

44028-

FEC ID number of contributing
federal political committee.

C

Name of Employer

D&J STRUCTURAL

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2016

Transaction ID : SA11A.1543

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LAURIE A. PIZZO

Mailing Address 14391 SPRING HILL DRIVE
SUITE 411

City

SPRING HILL

State

FL

Zip Code

34609-8199

FEC ID number of contributing
federal political committee.

C

Name of Employer

KELLER WILLIAMS

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2016

Transaction ID : SA11A.1528

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED-MARY THOMAS

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. LISA A. PURVIS-HINSON

Mailing Address 7518 OGDEN WOODS

City
NEW ALBANY

State Zip Code
OH 43054-9634

FEC ID number of contributing
federal political committee.

C

Name of Employer
HINSON LTD. PUBLIC RELATIONS

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2016

Transaction ID : SA11A.1545

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MELISSA R. SHOREY

Mailing Address 3930 MCKINNEY AVENUE
159

City
DALLAS

State Zip Code
TX 75204-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PUBLIC RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 08 / 2016

Transaction ID : SA11A.1524

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARK-ELISE STEFANIK

Full Name (Last, First, Middle Initial)

C. LINDA TEETZ

Mailing Address 1280 OLDE DOUBLOON DRIVE

City
VERO BEACH

State Zip Code
FL 32963-2453

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 08 / 2016

Transaction ID : SA11A.1523

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. DONNA L. THORNTON

Mailing Address 10993 LUNA POINT ROAD

City

TALLAHASSEE

State

FL

Zip Code

32312-9696

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

BUSINESS DEVELOPEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

08 / 15 / 2016

Transaction ID : SA11A.1526

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARK-GLO SMITH

Full Name (Last, First, Middle Initial)

B. ERIN R. WANDER

Mailing Address 14111 COWLEY ROAD

City

COLUMBIA STATION

State

OH

Zip Code

44028-9121

FEC ID number of contributing
federal political committee.

C

Name of Employer

PLM WORLD

Occupation

COMMUNITY ENGAGEMENT STRATEGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 10 / 2016

Transaction ID : SA11A.1548

Amount of Each Receipt this Period

425.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

5260.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. BELIEF IN LIFE AND LIBERTY PAC

Mailing Address P. O. BOX 45750

City State Zip Code
 MARIETTA OH 45750-

FEC ID number of contributing
federal political committee.

C C00545079

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 08 / 2016

Transaction ID : SA11C.1530

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOBS AMERICA PAC

Mailing Address 545 E. TOWN STREET

City State Zip Code
 COLUMBUS OH 43215-4801

FEC ID number of contributing
federal political committee.

C C00554055

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2016

Transaction ID : SA11C.1546

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. PIONEER POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, N.W.
 SUITE 500

City State Zip Code
 WASHINGTON DC 20001-3965

FEC ID number of contributing
federal political committee.

C C00325357

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 02 / 2016

Transaction ID : SA11C.1519

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

2250.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. BOGART ASSOCIATES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2016

Mailing Address 1200 TRINITY DRIVE

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
FUNDRAISING EXPENSES

Candidate Name

Category/
Type**Transaction ID : SB21B.I954**

Amount of Each Disbursement this Period

26.40

☐ Memo Item

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. CHASE CARD SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2016

Mailing Address P.O. BOX 15153

City	State	Zip Code
WILMINGTON	DE	19886

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Category/
Type**Transaction ID : SB21B.I934**

Amount of Each Disbursement this Period

157.23

☐ Memo Item

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. CONSTANT CONTACT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2016

Mailing Address 1601 TRAPELO ROAD, #329

City	State	Zip Code
WALTHAM	MA	02451

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Category/
Type**Transaction ID : SB21B.I946**

Amount of Each Disbursement this Period

65.00

☒ Memo Item

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

183.63

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE, N.E., #5

City	State	Zip Code
ATLANTA	GA	30308

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2016

Transaction ID : SB21B.I945

Amount of Each Disbursement this Period

50.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL SERVICE

Mailing Address 2355 CENTERVILLE ROAD

City	State	Zip Code
TALLAHASSEE	FL	32308

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2016

Transaction ID : SB21B.I948

Amount of Each Disbursement this Period

13.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. VISTAPRINT

Mailing Address 95 HAYDEN AVENUE

City	State	Zip Code
LEXINGTON	MA	02421

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2016

Transaction ID : SB21B.I947

Amount of Each Disbursement this Period

28.73

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. EDONATION.COM

Mailing Address 117 N. SAINT ASAPH STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

Purpose of Disbursement

ONLINE FUNDRAISING

Candidate Name

001

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2016

Transaction ID : SB21B.I931

Amount of Each Disbursement this Period

191.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MARKETING

Mailing Address 95 EDDY ROAD, #101

City

MANCHESTER

State

NH

Zip Code

03102

Purpose of Disbursement

COMMITTEE STICKERS/BOARD

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2016

Transaction ID : SB21B.I933

Amount of Each Disbursement this Period

435.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STEINHAUSER STRATEGIES

Mailing Address 18205 PAINTED HORSE COVE

City

AUSTIN

State

TX

Zip Code

78738

Purpose of Disbursement

DIGITAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2016

Transaction ID : SB21B.I932

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1626.89

1810.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. COMSTOCK FOR CONGRESS

Mailing Address P. O. BOX 831

City MCCLEAN	State VA	Zip Code 22101
-----------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BARBARA J. COMSTOCK

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SB23.I949

Amount of Each Disbursement this Period

25.00

☐ Memo Item

EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

B. ELISE FOR CONGRESS

Mailing Address P. O. BOX 500

City GLENN FALLS	State NY	Zip Code 12801
---------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

ELISE M. STEFANIK

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

Transaction ID : SB23.I952

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

EARMARK-MELISSA SHOREY

Full Name (Last, First, Middle Initial)

C. GLO SMITH FOR CONGRESS

Mailing Address 1936 W. DR. MLK, JR. BLVD., #104

City TAMPA	State FL	Zip Code 33607
---------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

GLOREATHA SCURRY-SMITH

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2016

Transaction ID : SB23.I953

Amount of Each Disbursement this Period

900.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1925.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. GLO SMITH FOR CONGRESS

Mailing Address 1936 W. DR. MLK, JR. BLVD., #104

City TAMPA	State FL	Zip Code 33607
---------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

GLOREATHA SCURRY-SMITH

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: FL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2016

Transaction ID : SB23.I960

Amount of Each Disbursement this Period

100.00

☐ Memo Item
EARMARK-DONNA THORNTON

Full Name (Last, First, Middle Initial)

B. GLO SMITH FOR CONGRESS

Mailing Address 1936 W. DR. MLK, JR. BLVD., #104

City TAMPA	State FL	Zip Code 33607
---------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

GLOREATHA SCURRY-SMITH

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: FL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2016

Transaction ID : SB23.I961

Amount of Each Disbursement this Period

25.00

☐ Memo Item
EARMARK-DOROTHY MCPHERSON

Full Name (Last, First, Middle Initial)

C. KATHY FOR MARYLAND

Mailing Address P. O. BOX 43516

City NOTTINGHAM	State MD	Zip Code 21236
--------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

KATHY SZELIGA

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: MD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SB23.I950

Amount of Each Disbursement this Period

25.00

☐ Memo Item
EARMARK-PATRICIA CAFFERATA
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. LIZ CHENEY FOR WYOMING

Mailing Address P. O. BOX 697

City	State	Zip Code
CASPER	WY	82602

Purpose of Disbursement
CONTRIBUTION

Candidate Name

ELIZABETH CHENEY

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

Transaction ID : SB23.I966

Amount of Each Disbursement this Period

25.00

☐ Memo Item
EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

B. MARY THOMAS FOR CONGRESSMailing Address 3551 BLAIRSTONE ROAD
SUITE 128-261

City	State	Zip Code
TALLAHASSEE	FL	32301

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MARY THOMAS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

Transaction ID : SB23.I951

Amount of Each Disbursement this Period

25.00

☐ Memo Item
EARMARK-CARL LENTZ

Full Name (Last, First, Middle Initial)

C. MARY THOMAS FOR CONGRESSMailing Address 3551 BLAIRSTONE ROAD
SUITE 128-261

City	State	Zip Code
TALLAHASSEE	FL	32301

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MARY THOMAS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

Transaction ID : SB23.I964

Amount of Each Disbursement this Period

100.00

☐ Memo Item
EARMARK-MILDRED BARRINGER
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. MARY THOMAS FOR CONGRESSMailing Address 3551 BLAIRSTONE ROAD
SUITE 128-261

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MARY THOMASOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

Transaction ID : SB23.I965

Amount of Each Disbursement this Period

250.00

☐ Memo Item
EARMARK-LAURIE PIZZO

Full Name (Last, First, Middle Initial)

B. MCSALLY FOR CONGRESS

Mailing Address P.O. BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MARTHA MCSALLYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

Transaction ID : SB23.I962

Amount of Each Disbursement this Period

50.00

☐ Memo Item
EARMARK-CARL LENTZ

Full Name (Last, First, Middle Initial)

C. REBECCA NEGRON FOR CONGRESS

Mailing Address P. O. BOX 1980

City STUART State FL Zip Code 34995

Purpose of Disbursement
CONTRIBUTION

Candidate Name

REBECCA NEGRONOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

Transaction ID : SB23.I963

Amount of Each Disbursement this Period

50.00

☐ Memo Item
EARMARK-JACK BUZBEE**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

350.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. ROS-LEHTINEN FOR CONGRESS

Mailing Address P. O. BOX 522784

City	State	Zip Code
MIAMI	FL	33152

Purpose of Disbursement
CONTRIBUTION

Candidate Name

ILEANA ROS-LEHTINEN

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

Transaction ID : SB23.I967

Amount of Each Disbursement this Period

25.00

☐ Memo Item

EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

B. ROS-LEHTINEN FOR CONGRESS

Mailing Address P. O. BOX 522784

City	State	Zip Code
MIAMI	FL	33152

Purpose of Disbursement
CONTRIBUTION

Candidate Name

ILEANA ROS-LEHTINEN

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

Transaction ID : SB23.I968

Amount of Each Disbursement this Period

50.00

☐ Memo Item

EARMARK-SUE LOWDEN

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

2650.00
